# CLAIMS ONLY

Application Number: 10/686520
Filing Date:
Applicant(s):

* May be used for additional claims or amendments

| CLAIMS | AS FILED Indep | AS FILED Depend | AFTER FIRST AMENDMENT Indep | AFTER FIRST AMENDMENT Depend | AFTER SECOND AMENDMENT Indep | AFTER SECOND AMENDMENT Depend |
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| Total Indep | 23 | | | | | |
| Total Depend | | 27 | | | | |
| Total Claims | 50 | | | | | |

| CLAIMS | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 3 | | | | | |
| Total Depend | | 8 | | | | |
| Total Claims | 11 | | | | | |

11/61